

FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE**COMMITTEE NAME** (Must be same as on Statement of Organization)

VOTE YES

IMPORTANT: Indicate type of committee you are reporting for: ☒ 6(1) Statewide/Legislative Candidate (2) Statewide PAC (3) State Party (4) County/Local Candidate
(5) County PAC (6) Ballot Issue/Franchise Committee (7) County/City Central Committee
(8) Support State of Candidates**CANDIDATE COMMITTEES ONLY:**

Candidate Name

NOV 20 2003

Political Party

Office Sought

District (if Senate or House)

**FORM
DR-2**

(Rev. 07/2003)

**DISCLOSURE
REPORT****For Office Use Only**

Comm. # _____

Logged In _____

Scanned _____

Computer _____

Audited _____


SIGNATURE OF TREASURER (or person filing this report)
(319) 390-5555
TELEPHONE11-20-03
DATE SIGNED**Late filed reports are subject to possible civil and criminal penalties.****SEE INSTRUCTIONS ON BACK AND COMPLETE THE FOLLOWING SENTENCE:**I AM FILING A FINAL REPORT FOR AN/A (1) ELECTION/(2) NON-ELECTION YEAR.
(report date)Indicate one ☒ 1☐ CHECK IF AMENDMENT TO REPORT DATED _____☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.
(You must continue to file reports until a Notice of Dissolution is filed.)Local Committees, enter Date of Election
6-10-03County & Local Committees, enter County in
which Election is held
Linn**STATEMENT OF CASH ON HAND****CASH ON HAND** at the beginning of the reporting period. (This is the total of all monies held
by the committee. This amount **MUST** be the same as the cash on hand at the end
of the last reporting period, or must be zero if this is first report filed.)

2132.63

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)

9315.18

Schedule F: Loans Received total (Attach Schedule F)

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

(Schedule H applies to Candidates' Committees Only)**SUB-TOTAL**\$ 11447.81**SUBTRACT TOTAL MONEY SPENT THIS PERIOD**

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)

11447.81

Schedule F: Loan Repayments total (Attach Schedule F)

CASH ON HAND at the end of this reporting period (if final report, balance must
be zero) (Attach DR-3)

0.00

****UNPAID BILLS** (From Schedule D - Attach Schedule D)\$ 0.00****IN KIND CONTRIBUTIONS** (From Schedule E - Attach Schedule E)\$ 0.00****OUTSTANDING LOANS** (From Schedule F - Attach Schedule F)\$ 0.00**CANDIDATE COMMITTEES ONLY:****CONSULTANT BREAKDOWN** (Schedule G Attached?)☐ YES ☐ NO**VALUE OF CAMPAIGN PROPERTY** (From Schedule H - Attach Schedule H)

\$

For Instructions, See Back of Form

**CONTRIBUTIONS -- MONEY TAKEN IN**

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

VOTE YES

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 68B.32A(6), Iowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
07-18-03	ID# CK#	Cedar Rapids Area Chamber of Commerce 424 First Ave. NE Cedar Rapids, IA 52401-1196		\$4200.00	<input type="checkbox"/>
07-22-03	ID# CK#	Renaissance Group, Inc. 222 3rd Ave. SE, Suite 100 Cedar Rapids, IA 52401-1542		2000.00	<input type="checkbox"/>
08-12-03	ID# CK#	Myrt J. Bowers 203 Lincoln Hwy. Mt. Vernon, IA 52314-9697		100.00	<input type="checkbox"/>
08-13-03	ID# CK#	Cedar Rapids Area Chamber of Commerce 424 First Ave. NE Cedar Rapids, IA 52401-1196		3015.18	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
SUB-TOTAL				\$ 9315.18	
TOTAL (if last page of this schedule)				\$ 9315.18	

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

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(for Schedule A)

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**EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT**

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

VOTE YES

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
07-15-03	ID# CK#	African American Heritage Foundation P.O. Box 1626 Cedar Rapids, IA 52406-1626	Refund of Rental Deposit	\$ (200.00)
08-04-03	ID# CK#	Citizens For Marion's Future 2745 Heather View Circle Marion, IA 52302	Reimbursement for 437 stamps used to mail absentee ballot request for the Marion option tax vote	(161.69)
08-07-03	ID# CK#165	WMT-AM 600 Old Marion Road NE Cedar Rapids, IA 52402	Radio Commercials	2480.00
08-07-03	ID# CK#166	WMT-FM 600 Old Marion Road NE Cedar Rapids, IA 52402	Radio Commercials	1590.00
08-07-03	ID# CK#167	C.R. Area Chamber of Commerce 424 First Ave. NE Cedar Rapids, IA 52401-1196	Postage, photocopying & pop for 5-28-03 meeting	63.85
08-07-03	ID# CK#168	C. R. Area Chamber of Commerce 424 First Ave. NE Cedar Rapids, IA 52401-1196	Photocopying, labels & chips for 6-3-03 meeting	10.37
08-07-03	ID# CK#169	The Spokesman 606 Eighth Street, P.O. Box 306 Grundy Center, IA 50638	Newspaper Ads	485.28
08-21-03	ID# CK#170	OnMedia (Mediacom Cable) 6300 Council Street NE Cedar Rapids, IA 52402	TV Commercials	7132.50
SUB-TOTAL				\$ 11400.31
TOTAL (If last page of this schedule)				\$

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.6(3)(i).)

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**EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT**

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

VOTE YES

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (If applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
08-21-03	ID# CK# 171	OnMedia (Mediacom Cable) 6300 Council Street NE Cedar Rapids, IA 52402	TV Commercials	\$ 42.50
10-09-03	ID# CK# 172	C.R. Area Chamber of Commerce 424 First Ave. NE Cedar Rapids, IA 52401-1196	Disburse account balance according to current Statement of Organization	5.00
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
SUB-TOTAL				\$ 47.50
TOTAL (If last page of this schedule)				\$ 11447.81

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.6(3)(i).)